

CENTRAL INDEX NUMBER	DATE OF INTERVIEW	TIME OF INTERVIEW
13-68103	1/23/13	120

PRECINCT	COMMAND	TOUR	BLOTTER ENTRY
7	7-0	7-2	



POLICE DEPARTMENT COUNTY OF SUFFOLK, NY
ACCREDITED LAW ENFORCEMENT AGENCY

PRISONER ACTIVITY LOG

53-0392:: 09/07

PDCS-2032f

CHARGE(S)	DISTRIBUTION: WHITE - CENTRAL RECORDS PINK - COMMAND OF DETENTION			YELLOW - PRECINCT FILE GOLDENROD - COURT LIAISON		
1192 VTL Resisting in OG-A						
PRISONER'S LAST NAME, FIRST, M.I.				D.O.B. 12/17/86	SEX: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	RACE: () WHITE () BLACK () HISPANIC () ASIAN () AM INDIAN/ALASKAN NATIVE () NATIVE HAW/ OTHER PAC ISLANDER () UNK
Franqui, JACK A.				DATE OF ARREST 1/23/13	TIME OF ARREST 1146	PLACE OF ARREST EFO 6 Cordonado PATM
ADDRESS: 83 MAGNOLIA DR, Rock Point		BAIL AMOUNT \$	APPEARANCE TICKET #	CASH BAIL RECEIPT #		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						

VISIBLE PHYSICAL CONDITION UPON ARRIVAL AT PRECINCT (Indicate observable cuts, scrapes, bruises, signs of drug/alcohol impairment)

Prisoner has scraggly access
left cheek and appears intoxicated
unsteady slurred speech

PRISONER CLAIMS PAIN, INJURY OR ILLNESS ... EXPLAIN DETAILS OF CLAIM

Prisoner reports scraggly access
in a interaction with police, that
he's being treated for anti-anxiety
but doesn't need medication at this time

VISIBLE EMOTIONAL CONDITION	IS PRISONER ON MEDICATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, continue
	PREScription NUMBER _____
	DOCTOR'S NAME _____
	NAME OF PHARMACY _____
	AMOUNT _____ EVERY _____ HOURS
(NOTE MEDICATION DISTRIBUTION IN PRISONER ACTIVITY SECTION)	

ARE PHOTOS, IN ADDITION TO MUG SHOTS, REQUIRED AS PER R&P CHAP16.1? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PHOTOS TAKEN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	PHOTOS TAKEN BY:	DATE:
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ARRESTING OFFICER'S LAST NAME, FIRST, M.I. RANK/SHIELD/COMMAND (IF NOT SCPD, LIST AGENCY) Po. G. Gravio # 5736/7/23	PLATOON COMMANDER OR DESIGNEE PERFORMING INTERVIEW Jkt. m9f 22/7/13
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PRISONER LODGED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CELL NO. 1425	TIME VISIBLE PHYSICAL CONDITION WHEN LODGED Good	PROPERTY RECEIPT # 866284	LOGGING OFFICERS INITIALS/SHIELD 5587
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PRISONER ACTIVITY

LIST ALL MOVEMENT OF PRISONER BOTH WITHIN AND OUTSIDE PRECINCT / COMMAND. INCLUDE TRANSPORTS TO HOSPITAL, COURT, INTERROGATIONS AND NOTE PHYSICAL CONDITION UPON RETURN. IF DIFFERENT UPON RETURN, SUBMIT I.C. TO EXPLAIN. IF PRISONER IS BAILED, LIST TIME & DATE ON APPROPRIATE LINE BELOW AND COMPLETE THE PRISONER BAILED BOX ABOVE. PRISONER INSPECTION VISITS ARE MADE AT INTERVALS NOT TO EXCEED 30 MINUTES APART.

TIME	REMARKS/OBSERVATIONS	OFFICER RANK / SHIELD	TIME	REMARKS/OBSERVATIONS	OFFICER RANK / SHIELD
1228	SEARCHED	Po 5587	1425	LODGED	5587
1234	ALCOHOL/DRUG INF REBT	Po 5731	1500	Lying Down	6341
1236	REFUSED	Po 5736	1530	Lying Down	6341
1246	2 nd REFUSAL	Po 573	1600	Lying Down	6341
1256	3 rd REFUSAL	Po 573	1630	Lying Down	6341
1257	I SMOKED A BOWL WITH MY FRIEND SIMON.	Po 5736	1700	SITTING	6341
1300	I KNOW I SHOULDN'T HAVE BEEN DRIVING, I AM ON PROBATION Atascany	Po 5736	1740	TRYING HIS SHIFT TO THE CELL BARS, HIS SHIFT REMOVED	Sgt 1004
			1800	PLAYED WITH HIS PROPERTY SITTING	Sgt 1004
1330	SITTING	Po 5736			
1340	PROPERTY TAKEN	Po 573			
	4866284				
1420	PHOTOS / Prints	Po 5587			

CHECK ✓ WHEN FUNCTION COMPLETED

WARRANTS CHECKED PHOTOS / FINGERPRINTS TAKEN (IF NECESSARY) ARREST PACKAGE REVIEWED & APPROVED COURT INFORMATION SIGNED

SUPERVISOR REVIEW _____